The Kurt & Tessye Simon

Temple Beth-El

scholarship fund

UNDERGRADUATE APPLICATION FOR HIGH SCHOOL SENIORS

THE KURT AND TESSYE SIMON
TEMPLE BETH-EL SCHOLARSHIP FUND
305 W. MADISON ST.
SOUTH BEND, IN 46601-1119

GENERAL INFORMATION CHECKLIST—UNDERGRADUATE APPLICATION

Dear Simon Scholarship applicant,

This package contains the forms you will need to submit in order to be considered for a Simon Scholarship. Please fill them out carefully, and make sure everything that is required is included in your application, including financial information and recommendation letters. As you fill them out, remember that the Scholarship Committee will consider the following when reviewing your application and deciding on whether you will be granted an award, as well as its amount: Academic performance; activities at Temple Beth-El; outside activities including employment; financial need; and recommendations.

General Information:

It is the applicant's responsibility to prepare this material and mail your application to the Scholarship Committee by **April 16, 2021**.

Mail your completed application to: Temple Bethel Simon Scholarship Fund
305 W. Madison St.
South Bend, IN 46601

The application forms are available on Temple's website www.tbe-sb.org
Your recommendation letter must be mailed to Temple by the above date.

Please note that your completed application, including recommendation letters and transcript, must be received in the Temple office by April 16, 2021; tardy or incomplete applications will not be considered for awards.

Specific Data:

The following should be included with the application:

A. Application with essay
B. Financial aid information: Complete the applicant's budget form and have your parent or guardian complete the parental financial analysis. All financial aid information will be kept confidential and will be seen only by Scholarship Committee members.
C. Two supporting letters of recommendation
D. Transcript of school record. Be sure the following are included:
    1. S.A.T. or A.C.T. scores
    2. Rank in class, if available
    3. High school G.P.A.

THE KURT AND TESSYE SIMON
TEMPLE BETH-EL SCHOLARSHIP FUND

Application must be received in the Temple office by April 16, 2021

Mail application to: TEMPLE BETH-EL
305 W. MADISON ST.
SOUTH BEND, IN 46601-1119

Please print or type:
Today's date: _____ Academic Year for which funds apply: _____
Name: _____
Address: _____
(Street, City, State, Zip)
Phone Number _____ Date of Birth: _____
Email Address _____
Signature of Applicant:
_____

Signature of parent or guardian: (Must be Temple member in good standing for application to be considered)_____

Name of College or University you plan to attend this fall:
_____

Degree sought and major: _____

List the persons to whom you are giving the reference forms to be completed. They should be one teacher, administrator, or counselor, and one personal reference.

Name: _____ Phone # _____
Address: _____
(Street, City, State, Zip)
Name: _____ Phone # _____
Address: _____
(Street, City, State, Zip)
Person financially responsible for your education:
Name :_____ Relationship: _____

Other circumstances that you consider as having an important effect on family status:
_____
_____
_____

Name: _____

1. List high school activities by year.

2. List community activities by year.

3. List specific activities at Temple Beth-El or in the wider Jewish community (e.g. participation in meetings, volunteer work).

4. List school, community, or Temple honors received.

5. List work experience.

THE KURT AND TESSYE SIMON
TEMPLE BETH-EL SCHOLARSHIP FUND
Undergraduate Application

This essay must be word processed with a maximum of 500 words on this sheet or on an attached sheet. The subject is, **"What I hope to gain from my college experience."**

Signature: _____ Date: _____

Name: _____

APPLICANT'S BUDGET AND PARENTAL FINANCIAL ANALYSIS

A. Applicant's estimated budget

Expenses		**Resources**	$
University tuition and fees	$	Parental contribution	$
Room and board	$	Summer job earnings	$
Books and supplies	$	Expected school-year earnings	$
Other	$	University scholarships, grants	$
TOTAL	$	Other grant funds	$
		Other income:	$
	$	1. Loans (estimated)	$
	$	2.	$
	$	3.	$
	$		
	$	TOTAL	$

1. Total amount applicant has in savings, assets, and investments:
_____

2. Does applicant own an automobile? Yes: _____ No: _____
If yes, Make: _____ Year:_____ Value: _____

B. Parental Financial Analysis (to be filled out by parent or guardian):

Father's name: _____ Age: _____
Occupation: _____

Mother's name: _____ Age: _____
Occupation: _____

Parents' marital status:

Mother: Single _____ Married _____ Widowed _____ Divorced _____
Father: Single _____ Married _____ Widowed _____ Divorced _____

Family income (check appropriate range):

Under 25,000 _____	25,000 - 35,000 _____	35,000 - 45,000 _____
45,000 – 55,000 _____	55,000 – 65,000 _____	65,000 – 75,000 _____
75,000 – 85,000 _____	85,000 – 95,000 _____	Above 95,000 _____

Number of dependents: _____
Number of dependent children attending college: _____

Any unusual medical or dental expenses not paid for by insurance?
_____

Any unusual circumstances (please explain):
_____
_____

Signed by: _____
(Parent or Legal Guardian)

_____
(Applicant)

_____
(Date)

Teacher/Administrator or Counselor Recommendation for the
Kurt and Tessye Simon Temple Beth-El Scholarship Fund

Applicant Name _____
(Last) (First) (Middle)
Address: _____
(Street) (City) (State) (Zip)

Phone Number_____

Please give this form, along with a stamped and addressed envelope to the person who will write in support of your application.

The Family Education Rights and Privacy Act of 1974 provides that you may waive your right to see recommendations. Please indicate by checking the appropriate phrase and signing your name whether or not you wish to waive this right.	I ____ waive ____ do not waive any right of access that I may have to recommendations that are submitted in conjunction with the Kurt and Tessye Simon Temple Beth-El Scholarship Fund. Signature _____

We would appreciate a statement based on your knowledge and observations of this candidate that will help us in our task of selecting a scholarship winner. We would like comments on the applicant's intellectual and personal promise. Most helpful are specific examples of the personal qualities and accomplishments that make this person unique. After the selection process, we will destroy all subjective evaluations of applicants. After completing the form, the recommender should give the recommendation to the applicant in a sealed envelope with his/her signature across the sealed flap, or you may send the recommendation directly to the Kurt and Tessye Simon Temple Beth-El Scholarship Fund, 305 W. Madison St., South Bend, IN 46601-1119.

This recommendation must be received on or before April 16, 2021.

Name (Printed) _____
Signature _____Title _____ Date _____
School _____
(Name) (Address) (Phone)

Personal Recommendation for the Kurt and Tessye Simon
Temple Beth-El Scholarship Fund

Applicant Name _____
(Last) (First) (Middle)
Address: _____
(Street) (City) (State) (Zip)

Phone Number_____

Please give this form, along with a stamped and addressed envelope to the person who will write in support of your application.

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This recommendation must be received on or before April 16, 2021.

Name (Printed) _____
Signature _____ Date _____
_____
(Address) (Phone)